

West of the Rockies

Speaker's Corner

A memorable incident: when a shovel should be an agricultural implement

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I was a visiting professor of anesthesiology in a hospital outside the United Kingdom when I was asked to see an emergency admission with a severe hematemesis. The patient was elderly, wasted, disoriented, somewhat dehydrated, hypotensive, and tachycardic. He had a chronic gastric ulcer. He had been an inmate of the local mental hospital for the previous 20 years. He was a Jehovah's Witness. His medical superintendent had left the decision about blood transfusion to his wife, who was on her way in. The surgeon would accept my decision about whether to operate.

I was incensed. Such hypocrisy, such cant, a shovel was a shovel and not an agricultural implement. "You mean if he dies," I snapped.

I saw the wife wince and her hand stretch out towards the pastor, who held it gently. Then she said slowly, "He was a good man doctor, before he became ill. You will do your best, please, won't you. But no blood. To him, it would not be right." After that I had no choice.

The surgeon agreed to do the minimum, just undersew the bleeding ulcer and stop the bleeding. I would keep the patient alive.

"Doctor, you do not understand. We mean, if he should go to sleep, that is cross over, pass away."

I telephoned the chief administrator. He would not give permission but would consult the minister of health (it was that sort of country) as the state was legally responsible for the patient's welfare. Within 10 minutes (it really was that sort of country), the reply came. The doctors should sort it out with the patient's wife.

We met the wife in the boardroom. An elderly, shy woman, she was accompanied by a younger Pickwickian man, her pastor. Harshly I explained that without the operation the husband would die; with the operation but without blood there was just an outside chance of survival. If blood was available there was a very good chance that he would survive. The reply stunned me.

"If he should go to sleep," said the pastor. I interrupted, "Of course he will go to sleep. That is why I am here." Again the statement, "If he should go to sleep, if God wills that he goes to sleep."

I interrupted rather angrily: "Yes, he will go to sleep. I will make sure of that, that is up to me, not God." Another interruption: "Doctor, you do not understand. We mean, if he should go to sleep, that is cross over, pass away."

The surgeon kept to his word. The ulcer was easily located and swiftly undersewn. I juggled with plasma expanders and salt solutions to correct the patient's blood volume and dehydration, to keep him pain free and relaxed. But his blood pressure stayed ominously low.

The peritoneum was closed, and I breathed a sigh of relief mixed with pride at my achievement. Then came a soft cry from the surgeon. A subcutaneous stitch had hit a vein somewhere. By the time it was located, 30 ml of blood were lost. The patient's blood pressure fell irrecoverably and he died.

What did I learn? Humility was one lesson. I might know it all, but I was not God. Bullying people to accept my beliefs was wrong, especially when they obviously knew they were further endangering the life of someone they loved dearly. Their own moral dilemma was a hard enough burden. The remaining lesson? Euphemisms do have a place in providing comfort to the distressed. But 25 years later I still wonder if I was right clinically.

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